



Birmingham
Accident Hospital
and
Rehabilitation Centre

Bath Row, Birmingham 15

FIFTH
ANNUAL REPORT

for the

Year ended 31st December, 1945

Opened 1st April, 1941

NAMING OF BEDS

On the payment of

£1,250

a Bed may be dedicated to the memory
of any person nominated by the Donor.

BEDS NAMED :

1944	William Parsons Bed	Ward H
1945	G.E.C. Bed	Ward C

BED ENDOWED (£1,500) :

1943	B.S.A. Bed	Ward D
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1944
AnnRep
WX28
BE5
B61 B61
1945



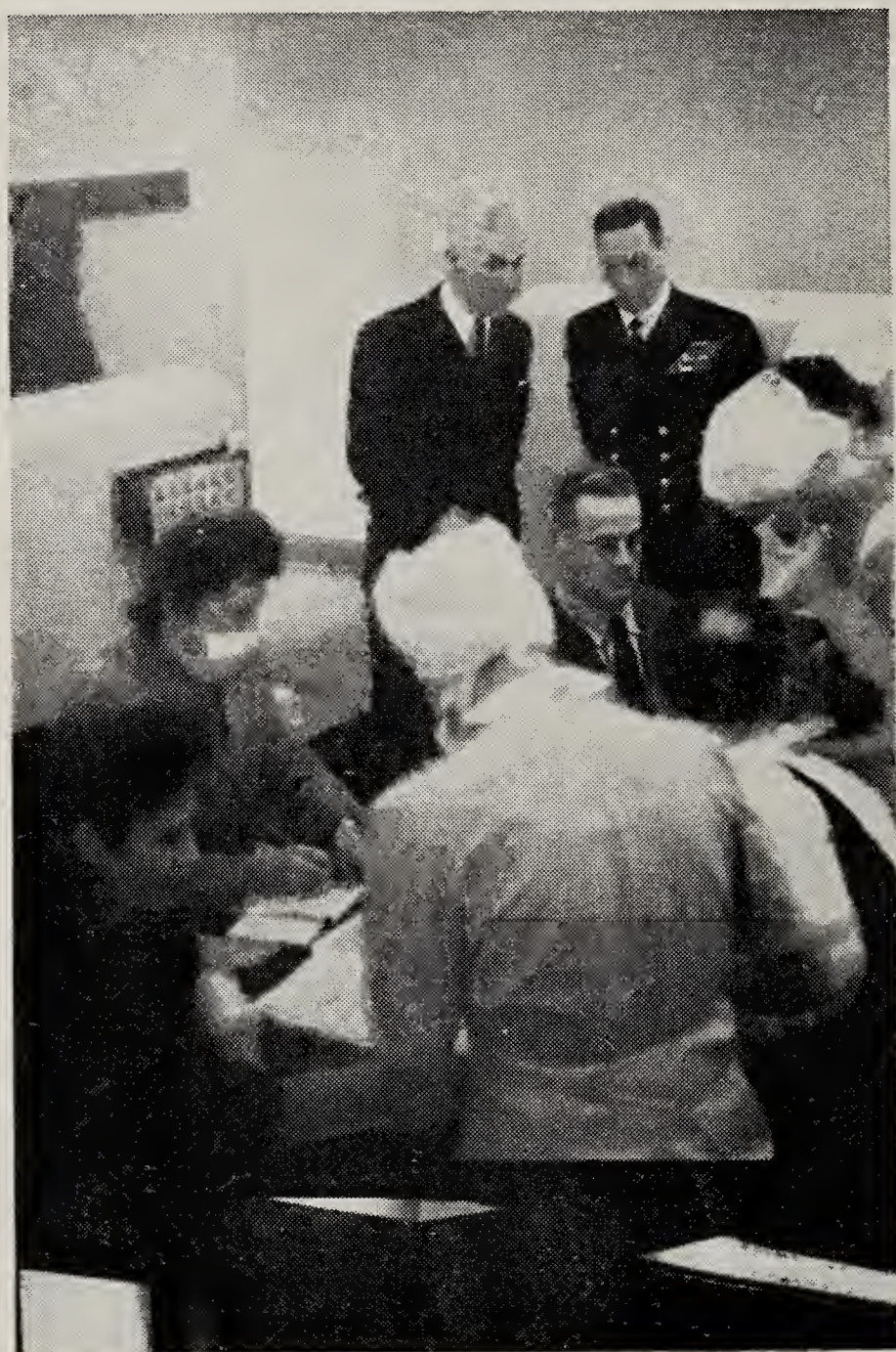
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*Visit of Their Majesties
the King and Queen to the*
BIRMINGHAM ACCIDENT HOSPITAL

7th NOVEMBER, 1945.



*Their Majesties and the Lord Mayor and Lady Mayoress
upon their arrival at the Hospital.*



*The King watching patients
being examined in the Soft
Tissues Dressing Department.*

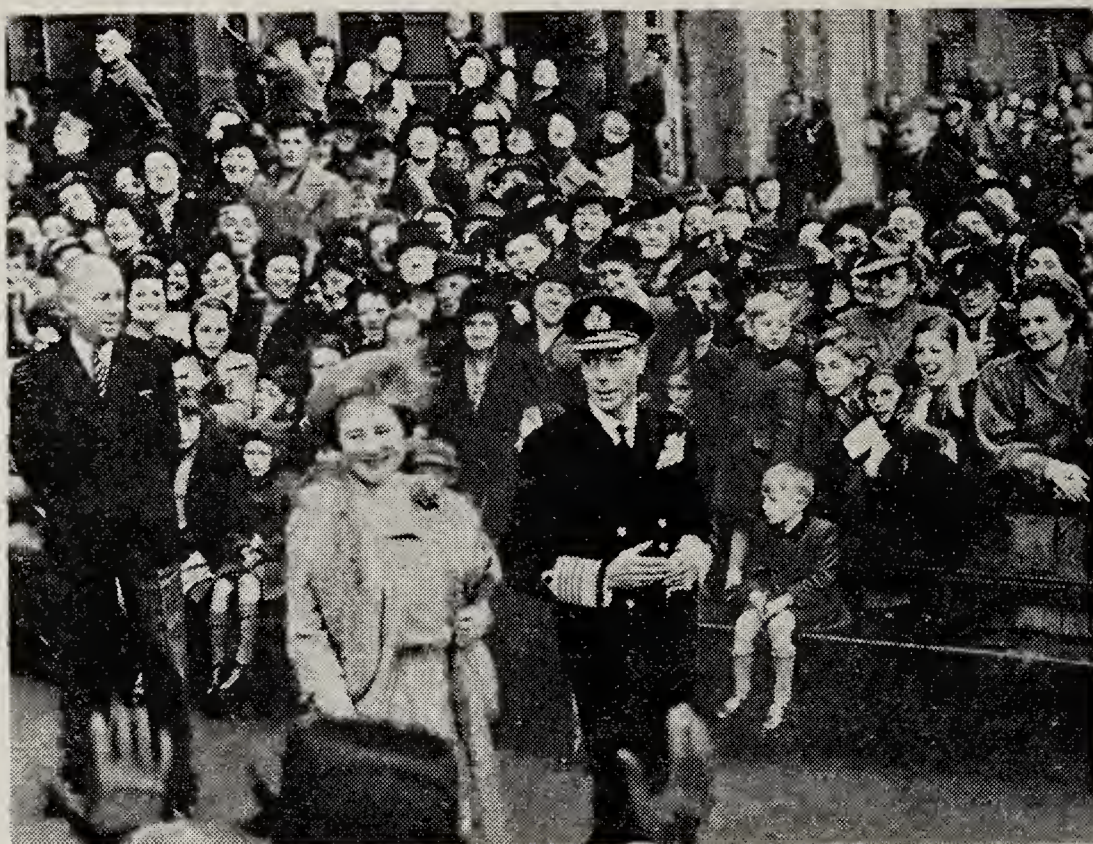
BIRMINGHAM ACCIDENT HOSPITAL,
7th November, 1945.



The King and Queen watching patients carrying out remedial exercises in the Gymnasium.



The King signing the visitor's book after his and the Queen's tour of the Out-Patient Departments.



*The King and Queen leaving the Hospital after their
tour of inspection.*

During their tour of inspection Their Majesties saw work in progress in the various Out-Patient Departments, where patients were receiving treatment. Their Majesties were accompanied by the Clinical Director, Mr. Wm. Gissane, and the Matron, Miss M. Bonthron.

BIRMINGHAM ACCIDENT HOSPITAL,
7th November, 1945.

Birmingham Accident Hospital

THE BOARD OF MANAGEMENT

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THE RIGHT WORSHIPFUL THE LORD MAYOR OF THE CITY OF BIRMINGHAM
(ALDERMAN A. S. GILES, O.B.E., M.C., J.P.)

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Body Represented :

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C. BATCHELOR (<i>f</i>)	Birmingham United Hospital.
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MRS. H. W. GOSLING (<i>h</i>)	Birmingham United Hospital.
J. J. GRACIE, M.I.E.E.	
W. L. GRIFFITHS (<i>h</i>)	Birmingham Trades Council.
V. W. GROSVENOR, J.P., LL.B., F.S.A.A. (<i>g h f m</i>)	Birmingham Hospital Saturday Fund.
H. E. JACKSON (<i>g f</i>)	
A. KEATS, O.B.E. (<i>g f m</i>)	Federation of British Industries.
G. C. KING, F.S.A.A.	Birmingham Hospitals Contributory Association.
W. J. LLOYD, M.A., M.B., B.Chir. (<i>h m</i>)	Association of Industrial Medical Officers.
L. P. LORD (<i>g</i>)	
T. PATTERSON (<i>f</i>)	Birmingham Trades Council.
T. C. PEARSON, J.P. (<i>g</i>)	Birmingham Trades Council.
C. E. PURSLOW, M.D., M.R.C.P. (<i>h m</i>)	Birmingham United Hospital.
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A. SIMMONS (<i>h</i>)	Birmingham Hospital Saturday Fund.
A. J. G. SMOUT, J.P. (<i>g</i>)	Federation of British Industries.
COUNCILLOR C. G. SPRAGG, J.P. (<i>g h</i>)	
DONALD STEWART, M.D., F.R.C.P.E. (<i>g m</i>)	
A. P. THOMSON, M.D., F.R.C.P. (<i>m</i>)	Birmingham United Hospital.
JAMES WILLIAMS (<i>g</i>)	Birmingham City Council.
E. MUSGRAVE WOODMAN, M.S., F.R.C.S. (<i>m</i>)	

g—General Purposes Committee. *h*—House Committee. *f*—Finance Committee. *m*—Medical Committee.

MEDICAL STAFF

Surgeon-in-Chief and Clinical Director :

WM. GISSANE, M.B., Ch.M. (Sydney), F.R.C.S. (Eng. and Edin.).

Surgeon and Deputy Clinical Director :

F. G. BADGER, B.Sc., F.R.C.S. (Edin.).

First Assistant Surgeon :

T. W. HOWAT, F.R.F.P.S.G.

Senior Anæsthetist :

L. J. WOLFSON, M.B., B.S. (Lond.), L.R.C.P., D.A.

Anæsthetists :

MRS. W. G. MILLS, M.B., Ch.B. (Birm.), L.R.C.P., D.A.

J. T. LINKLATER, M.R.C.S., L.R.C.P., D.A.

One Resident Surgical Officer.

Four House Surgeons.

Consultants :

Bacteriology : PROF. J. F. D. SHREWSBURY, M.D., D.P.H. (Liverpool).

Radiology : J. F. BRAILSFORD, M.D., Ph.D. (Birm.), F.R.C.P., F.F.R.

Rehabilitation : J. RHAIADR JONES.

STAFF OF MEDICAL RESEARCH COUNCIL INDUSTRIAL INJURIES RESEARCH UNIT

Director :

PROF. A. A. MILES, M.A. (Cantab.), F.R.C.P. (Lond.) (to 30/9/45).
R. E. O. WILLIAMS, B.Sc., M.D. (Lond.) (Acting) (from 1/10/45).

Pathologist :

R. E. O. WILLIAMS, B.Sc., M.D. (Lond.)

STAFF OF MEDICAL RESEARCH COUNCIL BURNS UNIT

Director :

COL. LEONARD COLEBROOK, M.B., B.S., F.R.C.O.G., F.R.S.

Resident Surgical Officer :

J. McKESSAR DUNCAN, M.B., Ch.B. (Birm.).

One House Surgeon.

OFFICIALS

Chaplains :

Church of England : REV. A. E. WHITTINGHAM, B.A.

Church of England : REV. R. G. RICHARDS, B.A.

Free Church : REV. F. A. THOMAS.

Pharmacist :

Miss E. R. McNAB, M.P.S.

Almoner :

Miss H. M. CHILDS, A.I.H.A.

Rehabilitation Officer :

Mrs. M. WILLIAMS, C.S.P., M.A.O.T.

Assistant Secretary :

F. G. HARTLAND, A.H.A.

Matron :

Miss M. BONTHRON, D.N.

Secretary :

A. A. MacIVER, C.A., F.H.A.

Auditors : MESSRS. CARTER AND CO., Chartered Accountants, Birmingham.

Solicitors : MESSRS. JOHNSON AND CO., Birmingham.

Bankers : LLOYDS BANK, LTD., New Street, Birmingham.

Birmingham Accident Hospital and Rehabilitation Centre.

REPORT OF THE BOARD OF MANAGEMENT

For the Twelve Months ended 31st December,
1945.

This is the fifth annual report of the Board. The **The Year's**
year 1945 saw an increasing demand for the services of **Work**
the Hospital; at the same time there was increasing
difficulty in obtaining medical, nursing and domestic
staff; at times there may have been despair—the Board
has had to close two wards because of the lack of staff—
but hope for the future, combined with faith in the
venture, has dominated the Board's decisions; industry,
workers and employers alike, still gave much support
and backing—a matter of no little encouragement;
planning for full development has continued; building
and reconversion went slowly but steadily ahead; and,
as the year drew to its close, the Hospital had the great
honour of being visited by H.M. King George VI and
Queen Elizabeth, to the intense satisfaction of patients
and staff alike.

The figures given below are an index of the increasing
demand for the services of the Hospital from injured
men, women and children in the city. For comparison
the figures for previous years are included.

ADMISSIONS AND ATTENDANCES AT THE HOSPITAL SINCE ITS INCEPTION

	1941 (9 months)	1942	1943	1944	1945
New Patients .	12,778	19,837	20,769	22,273	24,686
Admissions (as In- Patients) .	1,466	2,174	2,072	*2,109	*2,504
Attendances at Casualty Dept. .	63,066	91,398	99,600	104,900	113,975
Attendances at Rehabilitation Department .	21,898	31,011	46,326	75,081	88,089

*Including 213 seriously wounded soldiers from the
European Front.

It will be observed that during 1945 there was a
significant increase in the number of patients treated by
the Hospital. The number of new patients was
approximately 25,000, and it will be interesting to see,
in the future, to what extent this figure will be exceeded.

Medical Staff

Lack of medical staff has been the main factor inhibiting the Hospital's progress, and the reasons for this should be fully understood. The Hospital was opened during the war in 1941. No pre-war quota of medical manpower was therefore available to determine war-time strength as with other hospitals. The Central Medical War Committee—the authorizing body in this respect—allocated two surgeons, one assistant surgeon, one senior anaesthetist, and five junior medical officers to the Hospital. While this may have been reasonable when considered in relation to the bed complement (210) of the Hospital—no doubt one basis for the allocation—the fact remains that some 90 per cent. of the work of an accident hospital is out-patient work among ambulatory patients, whereas in some general hospitals the converse may well be the case. Further, an accident Hospital must provide an active twenty-four hour a day, seven days a week service for the immediate treatment of new patients suffering from injuries.

While the Board appreciates the difficulties with which the Central Medical War Committee has had to contend, it feels that the special nature of this Hospital has not been fully realized nor its functions fully understood by the Committee, even by those members who may have expert knowledge of hospital policy, and that this has been the reason for a persistent refusal to the Board's demands.

The Board considers that with its present equipment the Hospital could immediately deal with at least twice the present number of new accident patients, provided the difficulties of obtaining staff could be resolved. This would mean that up to 50,000 or 60,000 new accident patients could be dealt with annually—a number computed to be approximately 60 per cent. of the accident treatment problem of Birmingham. The result would be a reduction of the pressure on other hospitals in the city, a matter of considerable importance in the replanning of the hospital services in this region which will, no doubt, take place in the near future.

Under war conditions the five junior medical officers have been regularly, and at short intervals, recruited to the Forces. The main work of the Hospital has, therefore, rested on the shoulders of the four senior members of the staff during these years. Two of these, the assistant surgeon and the anaesthetist, are now to be called up. So the closely integrated team, vitally necessary to deal with large numbers of patients, is to

be broken up instead of continuing as a nucleus for further development. While this is no doubt in keeping with the national policy of the Central Medical War Committee, the Board feels that the step is wasteful to a degree. It is hoped, however, that within 1946 the Board will obtain—for the first time, incidentally—freedom to appoint a sufficient number of staff to meet demands for service in the fullest possible way and to complete the plan for the efficient and economic development of the Hospital.

Dr. F. J. R. Stoneham, D.A., has been appointed Senior Anæsthetist to replace Dr. L. J. Wolfson, D.A., and Mr. S. H. Harrison, F.R.C.S. (Edin.), has been appointed to replace Mr. T. W. Howat, F.R.F.P.S.

The Board thanks Dr. Wolfson and Mr. Howat for their valuable services during the past four years and extends to them best wishes.

Mention was made in the First Annual Report that the Austin Motor Company had generously offered to provide a mobile surgical unit for the use of the Hospital. This unit has been designed to transport surgical and nursing staff to the place of serious accidents with all necessary apparatus for the immediate treatment of “shock” and injury. The experience of war surgery has proved that treatment units brought up to the wounded can save life and lessen disability, a matter of considerable importance in these days of serious traffic and industrial accidents and high death aggregates. The Unit has long since been completed and equipped, but absence of medical and nursing staff has prevented it going into action.

The reasons for the general shortage of hospital nurses are well set out in the Government publication “Staffing the Hospitals” (1945). Among these are the constant development of new forms of health service ; more hospital beds are occupied now than before the war ; the number of births has increased, requiring more midwives ; the armed forces have made increasing demands on woman-power ; overseas requirements are greater, in Europe for example ; and, finally, conditions of work and service have tended to attract to this profession an insufficient number of young women of the right type and aptitude.

There are, in addition, special reasons for the shortage of nurses in this Hospital. The principal reason is that the Hospital is a special one and provides training for

student nurses for the first two years only. Then, just as these nurses are beginning to be capable of taking responsibility, they must leave to complete their training at one or other of the hospitals to which the Accident Hospital is affiliated. This makes for an unbalanced staff and has created constant difficulties. Until the end of 1945 it was not possible to employ newly qualified state-registered nurses as these were being directed to special fields of nursing where staff is especially short. Recently, this Hospital, as an affiliated training school, has been permitted to employ such nurses and the Board feels that the position must improve.

Student Nurses

Nineteen candidates entered for the first time for the Preliminary State Examination; fifteen passed both parts, while one passed in Part I and three passed in Part II. The prize for the best student nurse, judged on both theoretical and practical work, was awarded to Nurse Mary A. Piper. The Lady Mayoress on the occasion of her visit to the Hospital on Christmas Eve presented this prize. Second prize was awarded to Nurse Ellen L. Blencowe. Two student nurses, who were transferred to other hospitals to complete their training, passed the final state examination. These are the first student nurses to qualify from the Hospital.

Domestic Staff

The shortage of suitable domestic help has made things no easier for the nurse, and is considered to be an important factor in limiting the number of new entrants to the profession. Domestic workers are an essential part of the hospital team, and this Hospital will not be efficient until a full complement of these workers is obtained. The Board is fully alive to this part of the problem.

Closing of Wards

As a direct result of the shortage of staff, one ward was closed in July and another in November. This was done with great reluctance and only when the danger point was reached. These wards cannot be re-opened until additional nursing staff is obtained, nor can the newly-developed facilities in the Out-Patient Department be fully used until the position is radically improved.

New Out-Patient Department

There has now been a sufficient period to test the efficiency of the new Out-Patient Department, and to assess the value of the careful planning which preceded its construction. In use it has provided every facility essential for the treatment of persons injured by accident,

and the plans have been fully justified by the results. Many visitors have come to see the lay-out, including the leading orthopædic surgeons of the country and representatives of other hospitals, which are themselves planning new casualty departments.

During the year the trustees of the Bernhard Baron Charities Fund presented the sum of £5,000 for the development and maintenance of the Burns Unit established in the Hospital, under the auspices of the Medical Research Council. In grateful acknowledgment of this gift, the Unit has been named the “Bernhard Baron Unit for the Treatment of Burns.”

Statistics for the Unit for 1945 are :				
Male admissions	..	..	..	119
Female admissions	..	..	..	86
				—
Total admissions	..	..	..	205
				—
Industrial accidents	..	..	..	46
Domestic accidents, etc.	..	..	..	159 (Children under 5—78.)
				—
				205
				—
Deaths	..	..	..	13

The number of severe burns in children under five years of age, 78 in a total of 205, should be noted. It is a sad figure and indicates the present high percentage of these distressing injuries in the very young. Obviously the first line of attack on this problem is prevention, and the Board wish, therefore, to put the following points before the general public.

Adequate prevention first requires a knowledge of causes. On the evidence available two causes of the present high number of burning accidents to children in this City are at once apparent—the increase in popularity and use of electric and gas fires in the home, and the inflammable nature of certain wartime materials used in the manufacture of children’s nightgowns. For example, the most severe burns in children (three so severe as to offer no hope of recovery) have been caused by nightgowns made of inflammable material coming into contact with unguarded fires. There should be increased instruction of children and parents on the dangers of the open fire. Much can be done by manufacturers in improving the design of the safety guards to

fires, particularly to gas and electric fires ; on this point the Board would remind the public that in the terms of the Children's Act of 1908 it is a punishable offence to be without fire protection in a home in which dwells a child under seven years of age. But above all, there should be total prohibition of inflammable material for clothes, particularly children's clothes.

Perhaps the Board of Trade could help manufacturers in this matter—for example, at present the most popular nightgowns for children are made of "winceyette" or "flannelette" which are inflammable cotton fabrics ; but even more dangerous is the fact that when made up into nightgowns these materials tend to stand out and swing out and are therefore more liable to come in contact with an open fire without the wearer appreciating the fact, and once alight, with the free air currents around them, burst into considerable flame. During the war these materials have replaced children's nightgowns made of a knitted fabric less inflammable than "winceyette" or "flannelette" but, more important still, clings to the body and, therefore, is less likely to come into contact with open fires without the owner being forewarned. Excellent and safe children's nightwear would be of knitted design made of non-inflammable fabric.

The Board, in seeking to bring this matter before the public, would add to this advice the conclusions in a survey of fifty consecutive burning accidents admitted to the Glasgow Royal Infirmary (*Lancet*, February, 3rd, 1945, Page 155) :

"Forty-five of fifty injuries by burning enquired into, five of them being fatal resulted from avoidable accidents. They should not have happened. In most cases living conditions and the low standard of intelligence and conduct associated with such homes provided the background. Over-crowding left no room for the child to play except in front of the fire. The law which requires a fireguard to be provided is completely ignored. Prosecutions for failure to comply with it are almost unknown."

In the meantime, this Hospital is extending its bed accommodation in the Children's Burns Ward, which unfortunately is not large enough to meet present demands.

The policy of dressing all of these injuries in a special **Treatment** room provided with bacteriologically "clean" air, rather than in the wards, has been abundantly justified by the year's experience. It was foreseen that, in spite of the clean air, the microbes liberated by the dressings of one patient might infect the next ; but it was hoped that if a sufficient flow of air was provided that would not happen, and so it has been proved. In the course of the year more than 1,400 dressings have been undertaken, on the average five to six each morning ; and there is good reason to believe that not a single instance has occurred of transmission of the two microbes which matter most—streptococcus and *Bacillus pyocyaneus*—from one patient to another. If this standard can be maintained it will entirely change the outlook for burned patients everywhere, and it will eliminate most of the pain generally associated with recovery from these distressing injuries at the present time. The absence of pain during the past year has been a particularly gratifying feature.

Progress has also been made in the treatment of "shock" associated with burns, and in the difficult task of balancing the dietary profit-and-loss account of the severely burned patients. It is hoped that in the near future a special nurse will be available to deal with this side of the work.

The laboratory work in connection with the Unit has continued as before under the direction of Dr. Leonard Colebrook, on behalf of the Medical Research Council. The Council has also provided an experimental ventilation plant for the Dressing Station.

The Board extends its congratulations to Dr. Colebrook on the high honour he received during the year by being elected a Fellow of the Royal Society. This honour was granted for his valuable contributions to medical knowledge over many years.

During 1945 the Industrial Injuries Research Unit **Medical Research Council Industrial Injuries Research Unit** continued to investigate, in collaboration with the surgical staff, methods of preventing the onset of sepsis in wounds of the hand, and of the penicillin treatment of established cases. In collaboration with industrial medical officers, surveys were made of the numerical importance of sepsis in small industrial wounds. Much time was spent in the laboratory study of the microbes

producing infection, with a view to discovering ways of distinguishing the more dangerous varieties.*

In October, 1945, Professor A. A. Miles, who had directed the Unit since its formation in July, 1942, ceased to be Director, on his appointment to the Staff of the Medical Research Council with a view to succeeding Sir Percival Hartley as Director of the Department of Biological Standards. Dr. R. E. O. Williams, who has been whole-time pathologist to the Unit since its formation, was appointed Acting Director.

New Laboratories

At the urgent request of the Medical Research Council the Board has reviewed the position with regard to the laboratory requirements for research work and for routine hospital pathological work. The Council has intimated its intention to collaborate with the Hospital for some considerable time in order to make use of the unique opportunities offered for certain fields of research, notably problems arising in industry. As has been reported previously, valuable work has already been done and further fields of research are now being opened up. The Board is anxious to co-operate closely with the Council and has decided to convert two wards and an operating suite in the east block into a modern laboratory unit which will provide accommodation for the laboratory work for research into the problems relative to burns and industrial injuries, as well as for routine hospital pathology. A building licence has been obtained and the work has already commenced.

*The following publications from the Unit appeared during the year :

Bacterial flora of wounds and septic conditions of the hand. R. E. O. Williams and A. A. Miles (1945). *J. Path. Bact.*, **57**, 27.

Control of hospital infection of wounds. R. E. O. Williams, Barbara Clayton-Cooper, T. W. Howat and A. A. Miles (1945). *Brit. J. Surg.*, **52**, 425.

In vitro determination of sulphonamide sensitivity of bacteria. G. J. Harper and W. C. Cawston (1945). *J. Path. Bact.*, **57**, 59.

Hyaluronidase production by staphylococci. H. Schwabacher, A. C. Cunliffe, R. E. O. Williams and G. J. Harper (1945). *Brit. J. exper. Path.*, **26**, 124.

Applicator for penicillin cream. R. E. O. Williams (1945). *Lancet*, **2**, 306.

Added infection in industrial wounds. Barbara Clayton-Cooper and R. E. O. Williams (1945). *Brit. J. industr. Med.*, **2**, 146.

Incidence of sepsis in industrial wounds. R. E. O. Williams and E. H. Capel (1945). *Ibid*, **2**, 217.

The Industrial Nursing Course, run jointly by the Hospital and the University of Birmingham, continues to meet a popular demand. Entrance to the Course is controlled by Ministry of Labour regulations and this has had the effect of decreasing the numbers of resident nurses attending. Three examinations were held by the University during the year with the following results :

**Industrial
Medicine
and the
Hospital**

	<i>Entered</i>	<i>Passed</i>
Resident Candidates	13	10
Non-resident Candidates ..	7	7

The prize winner was Miss Mary A. Badger, S.R.N. (non-resident), Miss Margaret G. Lewis, S.R.N. (resident) was highly commended.

The Birmingham Group of the Association of Industrial Medical Officers continues to hold its meetings in the Hospital. Similarly, the Birmingham Industrial Nurses' Discussion Group uses the Hospital as its meeting place and headquarters. Thus important contacts are being made between the Hospital and industry. It is the policy of the Board that this link should continue to be strengthened.

A fortnight's intensive course in industrial health was held at the Hospital in September, 1945. This was the first of its kind to be held in the country. Seven doctors attended, a number which fitted in well with the fact that much of the training was carried out at the place of work in factories. Visiting lecturers included Dr. Donald Hunter, Director of Research in Industrial Medicine, The London Hospital; Dr. A. J. Amor, Chief Medical Officer, Ministry of Supply; and Professor R. E. Lane, Professor of Industrial Health, Manchester University. The course was organized on behalf of the Hospital by Dr. Donald Stewart.

**Course in
Industrial
Health**

The hospital surgeons continue to act in an advisory capacity to the Rehabilitation Shop at the Austin Motor Company and visit the factory each week. This experiment still proves successful, and has been the basis of a scheme planned by the Hospital for a communal workshop which will be available for other workers in the city. This scheme has been presented to the appropriate authorities and it is hoped that action will be taken in 1946.

**Austin
Rehabilitation
Shop**

Rehabilitation Department

As shown by the figures the work of the Department has increased considerably during the year. Although here also there have been the inevitable staffing difficulties, the Department has been able to carry out the greater part of its commitments through the hard work and enthusiasm of its members.

Because of its comprehensive facilities, the Hospital has been asked to accept physiotherapy students and occupational therapy students from schools in and near Birmingham. This has been approved by the Board, and the Rehabilitation Department is, therefore, the scene of growing activity.

Last year mention was made of the projected new Physiotherapy and Occupational Therapy Departments. These, when combined with the gymnasium, will form the Hospital's Rehabilitation Department, and the layout can be seen in the plan reproduced in this report. The building work has now been completed and early in 1946 the new departments will be opened. When these are in use the whole of the Rehabilitation Department will be housed on one floor and will be intercommunicating; for the first time, therefore, there will be complete integration and co-ordination of the different sections concerned with the Hospital's rehabilitation service. Provision has been made for a rest room for patients to use in between exercise and treatment, and for a canteen to provide meals for patients who are required to stay all day at the Hospital.

Almoner's Department

The Almoner's (Social Service) Department has continued to perform a valuable function in acting as the link between the Hospital and the employers of injured patients, in addition to dealing with the many social problems arising through injury. This service is appreciated greatly by the medical staff as a most helpful, and indeed essential, adjunct of treatment.

The present-day almoner's service in the Hospital is truly a social service. The work includes a preliminary interview with the patient, once treatment is planned, to discuss such things as ability to attend for treatment, travelling difficulties, or problems concerned with the domestic or factory background. Her report back to the surgeon is of much value to him. Then there is contact with the employer to explain what is to happen; or the housewife may have to be helped to make arrangements for the care of her children during her stay in hospital. Financial matters are often discussed: those concerning compensation payments, the family

budget, or even fares to and from hospital. And in the end she has much to do with economic rehabilitation as a most important link between the hospital and the factory in connection with the return to work. The almoner can readily become the close confidant of the injured worker, and once confidence in the Hospital and its services is obtained, the way becomes easier for the surgeon both to plan and carry out treatment up to the stage of fitness to return to work. Only thus can his work as a surgeon be fully effective.

Miss H. M. Childs, who was appointed first Almoner in 1942, has resigned to take up a position of Almoner appointed by the Colonial Office to Hong Kong. Miss G. Rennison, Senior Assistant Almoner, has also resigned to take up a research post with the Medical Research Council Pneumokoniosis Research Unit at Cardiff.

Miss J. Gosling has been appointed Almoner-in-Charge and has taken up her duties.

A most notable event during the year was the visit **Royal Visit** of Their Majesties, King George VI and Queen Elizabeth, on Wednesday, 7th November. Their Majesties were met at the front entrance by the Lord Mayor, Alderman W. T. Wiggins-Davies, J.P., who presented the Chairman, Mr. John H. Allen, J.P. The Chairman then presented the Clinical Director, Matron, and the Secretary, together with representatives of the Board, and Drs. Leonard Colebrook and R. E. O. Williams of the Medical Research Council.

Thereafter the Clinical Director and Matron had the honour of accompanying Their Majesties on a tour of inspection of the new Out-Patient Department, including the Reception Rooms, Casualty Theatres, Surgeons' Clinics, Plaster Removal Rooms, Soft Tissue Dressing Theatres and Rehabilitation Department. Each section was shown at work with staff in attendance and patients receiving treatment.

Expenditure increased by £7,338 over the preceding **Finance** year. Income on the other hand showed a reduction of £6,444, with the result that the excess of ordinary expenditure over ordinary income amounted to £11,382. After taking into account extraordinary expenditure the total deficit at 31st December, 1945, amounted to £11,811. Reduction in income is more than accounted for by the decreased amount received from the Ministry

of Health in respect of services rendered. Almost entirely, the increase in expenditure is accounted for in salaries and wages. It should be noted that no less than 58 per cent. of the expenditure comes under the heading of salaries and wages. To-day Hospital Boards have little control over such expenditure as the great majority of the staff come under scales provided by national or local agreements ; for example, the nursing salaries are in accordance with the Rushcliffe Scales.

The, most encouraging feature has been the extent to which the contributions from private persons and from industry have been maintained. The total from this source amounted to £22,748, as against £22,994 in the preceding year.

The expenditure for 1946 is expected to exceed the high figure of 1945, largely due to the same causes for, incidentally, nurses' salaries have been still further increased as from 1st January, 1946.

The financial position causes the Board great concern, particularly as there are no endowments to fall back on for the purpose of bridging the gap between Expenditure and Income. Uncertainty in regard to the proposed Government Health Scheme makes the launching of an appeal to the public quite impracticable. No matter what the future holds it is essential that the Hospital shall continue to serve the vital needs of the community to the maximum extent, for people will still continue to have accidents and to suffer injury. The Board hopes that " the springs of private charity may not dry up before the tides of public benevolence begin to flow." The Hospital is undertaking a valuable and important part in the provision of a service the necessity for which it is impossible to exaggerate. The Board appeals to all who recognize the value of this work to contribute generously towards the cost.

The Board thanks the Corporation of the City of Birmingham, Industrial firms, the contributors of the Birmingham Hospitals Contributory Association and the Hospital Saturday Fund and private subscribers for their continued support. Without such support it would have been impossible for the Hospital to make the progress which it has made during the past five years, and the Board expresses gratitude for this measure of confidence shown in the Hospital by the public.

Councillor C. G. Spragg, J.P., having served as **Chairman of the Board** for three years, retired in accordance with the Byelaws. Mr. John H. Allen, J.P., was appointed Chairman. The Board is appreciative of the valuable services of Councillor Spragg, first as Acting Chairman, then as Chairman of the Board. The Hospital owes much to his efforts, and not the least of his services has been his practical advice and guidance in all matters concerned with the extensive reconstruction programme which has had to be undertaken.

The Board has received with regret the resignation **Secretary** of Mr. A. A. MacIver from the Secretaryship of the Hospital upon his appointment as Secretary of the Glasgow Royal Infirmary. The Board pays tribute to the services rendered by Mr. MacIver, and in particular to the spirit of co-operation which he has shown during these difficult first few years which has done much to ensure the smooth working of the different departments. Mr. MacIver carries with him the best wishes of the Board.

At the Annual Meeting in February, 1945, the **Members of the Board** following alterations in membership of the Board were affected :

<i>Nominated by</i>	<i>Retired</i>	<i>Elected</i>
Birmingham City Council.	Cr. Mrs. G. F. Clarke, J.P.	Cr. Miss E. M. Pitt.
Birmingham Trades Council	Mr. Geo. Haynes, J.P.	Mr. W. L. Griffiths.
Birmingham Trades Council	Cr. C. G. Spragg, J.P.	Mr. T. Patterson.
Association of Industrial Medical Officers	Dr. Neil G. Marr.	Dr. W. J. Lloyd.

Subsequently Councillor C. G. Spragg, J.P., was co-opted a Member of the Board.

During the year further alterations in the representations were made as follows :—

<i>Nominated by</i>	<i>Retired</i>	<i>Elected</i>
Birmingham City Council	Mr. V. W. Grosvenor, LL.B., J.P., F.S.A.A.	—
Birmingham City Council	Miss E. M. Pitt	—
Birmingham United Hospital	Mr. J. B. Leather, F.R.C.S.	Dr. A. P. Thomson.
Birmingham Hospital Saturday Fund.	Mr. T. H. Prust, J.P.	Mr. V. W. Grosvenor, LL.B., J.P., F.S.A.A.

**Naming
of Bed**

The Board desires to record its appreciation of the services rendered to the Hospital during the difficult war years by those members of the Board who have now retired.

The employees of the General Electric Company, Witton, collected the balance of £400 which, when added to £850 already handed over, totalled the amount necessary to name a bed. Archdeacon H. McGowan performed the dedication ceremony on 28th June.

**Thanks
to Staff**

The Board expresses its appreciation and thanks to the whole staff, medical, nursing and lay—with special mention of the work of the Clinical Director, Mr. William Gissane—for their work during the year 1945.

JOHN H. ALLEN,
Chairman.

STATISTICS

For the Year ended December 31st, 1945

Total number of New Accident Cases treated	24,686
Total number of Out-patient Attendances	202,064
Average daily Out-patient Attendances	652

IN-PATIENTS AND *DAY WARD CASES

1.—Beds :

(a) Average daily number available	194.1	
(b) Average daily number closed.....	15.9	
(c) Average daily complement		210
(d) Average daily number occupied by In-patients..	135.9	
(e) Average daily number of Day Ward cases	3.6	
(f) Average daily number occupied		139.5

2.—Number of In-patients in the Hospital at the beginning of the year 154

3.—(a) Number of In-patients admitted during year 2,504
(b) Number of Day Ward cases during year 1,286

4.—Number of In-patients in the Hospital at 31st December 113

5.—Average number of Days each patient was resident..... 20.3

OUT-PATIENTS

1.—Total number of new Out-patients (including 1,286 Day Ward cases) 22,182

2.—Total number of Out-patient attendances 113,975

REHABILITATION DEPARTMENT

1.—Number of new patients treated 5,380

2.—Number of Out-patient attendances 88,089

SOCIAL SERVICE DEPARTMENT

1.—Total number of new patients interviewed by Almoners.. 4,360

2.—Number of In-patients interviewed by Almoners..... 992

*Day Ward cases are patients admitted to a ward for anæsthetic, operation and recovery ; they are usually discharged within twenty-four hours.

BALANCE SHEET

LIABILITIES.

1944.

£

I.—Creditors

7126

Tradesmen, Expenses and Credit Balances 6565

—

Lloyd's Bank, Ltd., Current Accounts (net) 2495

9060

II.—Bed Endowment

1500

Balance at December 31st, 1944 1500

III.—Capital Account (see note below)

14325

Received to December 31st, 1944 42897

11222

Contributions during the year 2618

10250

Legacies during the year —

5000

City of Birmingham 5000

—

Bernhard Baron Charities Fund 5000

2100

Contributions received during the year for
naming of Beds 400

42897

55915

Less Payments for Alterations and Additions

35949

To December 31st, 1944 £35949

During 1945 4951

6948

40900

15015

15574

25575

NOTE.—There is an unascertained liability for work on alterations not yet certified, but not expected to exceed £3,000.

at 31st December, 1945.

ASSETS.			
1944			
£		£	£
75	I.—Cash on Hand		150
	II.—Lloyd's Bank, Ltd.		
3509	Current Accounts (net)	—	
118	Superannuation Scheme	128	
			128
3627	III.—Debtors		
1560	Income Tax recoverable	3929	
2486	Sundry Persons and Prepayments	3264	
2553	Ministry of Health	980	
			8173
6599			
6728	IV.—Stocks of Unissued Stores in Hand	6768	
3200	Less Stock Reserve	3200	
			3568
3528			
	V.—Investment for Bed Endowment		
1500	3 per cent Savings Bonds, 1960/70 at cost		1500
	VI.—Accumulated Deficit on Income and Expen- diture Account		12056
245			
15574			25575

JOHN H. ALLEN, *Chairman.*
W. L. BARROWS, *Honorary Treasurer.*
A. KEATS, *Chairman Finance Committee.*

REPORT OF THE AUDITORS TO THE MEMBERS OF THE
BIRMINGHAM ACCIDENT HOSPITAL AND REHABILITATION
CENTRE.

We have audited the Balance Sheet of the Birmingham Accident Hospital and Rehabilitation Centre, dated the 31st December, 1945, above set forth. We have obtained all the information and explanations we have required. In our opinion such Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of the Hospital's affairs, according to the best of our information and the explanations given to us, and as shown by the books of the Hospital.

8th February, 1946.

CARTER AND CO.,
Chartered Accountants,
BIRMINGHAM.

INCOME AND EXPENDITURE ACCOUNT FOR

INCOME

1944		£	£
£	ORDINARY		
	I.—Voluntary Gifts		
	Subscriptions, etc. :		
3357	From Private Persons, etc.	3674	
19637	From Industry	19074	
10000	From City of Birmingham	10000	
549	From Hospital Sunday Fund	905	
188	Box Collections.....	254	
			33907
33731			
	II.—Receipts on Account of Services Rendered		
	(1) Contributions on Account of Services to Patients :		
	Birmingham Hospitals Contributory Association.....	13029	
12415	Patients	2029	
2031	Road Traffic Act Receipts.....	112	
110	Other Sources	—	
—			15170
14556			
	(2) Other Receipts :		
32994	Ministry of Health	24721	
1387	Ministry of Health, per Birmingham Hospitals Contributory Association.....	1460	
	Education Act for Children per Birmingham Hospitals Contributory Association....	951	
1	Sundry Receipts	5	
			27137
34382			
	III.—Invested Properties		
34	Dividends	45	
			45
82703	TOTAL ORDINARY INCOME		76259
£82703	Carried Forward		£76259

THE YEAR ENDED 31st DECEMBER, 1945.

1944	EXPENDITURE		
£		£	£
	ORDINARY		
8475	I.—Provisions		9422
	II.—Surgery and Dispensary		
986	Drugs, Chemicals, Disinfectants, etc.	949	
3115	Dressings, Bandages, etc.	3386	
1498	Instruments and Appliances	1102	
46	Appliances for Patients	114	
1362	X-ray Films and Materials	1483	
10	Wines and Spirits	5	
306	Sundries	202	
194	Photographic Department, Materials	319	
7517			7560
	III.—Domestic		
	Renewal and Repair of Furniture, Bedding,		
2596	Crockery, etc.	691	
1450	Laundry	1938	
797	Cleaning and Chandlery	653	
592	Water	646	
7961	Fuel, Lighting, Heat and Power	10032	
578	Uniforms	523	
73	Sundries	70	
14047			14553
	IV.—Salaries and Wages (Maintenance)		
6663	Medical	7653	
12882	Nursing	15168	
6283	Mechanics and Porters	7122	
830	Dispensary Staff	917	
6243	Domestic Servants	7998	
5541	Other Officers and Employees	6163	
—	Pensions	13	
38442			45034
£68481	Carried Forward		£76569

1944					
£					£
82703	Brought Forward	76259

22

THE YEAR ENDED 31st DECEMBER, 1945.

1944			
£		£	£
68481	Brought Forward		76569
V.—Miscellaneous			
1348	Printing, Stationery, Postages and Telephones	1754	
169	Advertisements	199	
326	Insurance of Buildings, Equipment, Stores, etc.	349	
7	Garden	13	
363	Sundries	480	
2213			2795
VI.—Administration			
1965	Salaries	2043	
277	Printing, Stationery and Postages	237	
51	Advertisements	22	
63	Auditors' Fee	63	
56	Sundries	51	
13	Law Charges	—	
2425			2416
VII.—Establishment			
4272	Renewals and Repairs to Buildings and Plant..	3527	
990	Painters' Wages	1151	
47	A.R.P. Materials, Wages, etc.	—	
5309			4678
VIII.—Finance			
259	Interest	112	
1093	Appeals	649	
304	Rates	322	
100	Rent	100	
119	War Damage Insurance	—	
1875			1183
80303	TOTAL ORDINARY EXPENDITURE		87641
2400	Balance being excess of Ordinary Income over Ordinary Expenditure		—
£82703			£87641
Extraordinary Expenditure :			
	Buildings, Equipment, etc.	429	
	Excess of Ordinary Expenditure over Ordinary Income	11382	
		11811	
	Accumulated Deficit to December 31st, 1944	245	
	Excess of Expenditure over Income for the year 1945	11811	
		12056	

How to INCREASE YOUR SUBSCRIPTION at NO FURTHER COST to yourself

ANNUAL Subscribers to the Birmingham Accident Hospital, provided they pay Income Tax at the standard rate, may increase their subscription by signing a Deed of Covenant to subscribe for seven years.

This will cost the Subscriber no more, but will enable the Hospital to recover Income Tax on the subscription. Furthermore, if Sur-tax is payable, Subscribers are entitled to deduct the gross amount of the subscription from the Sur-tax return.

You are earnestly asked to give your consideration to this suggestion, and if you will, to fill in the form opposite and return it to the Secretary, Birmingham Accident Hospital, Bath Row, Birmingham, 15.

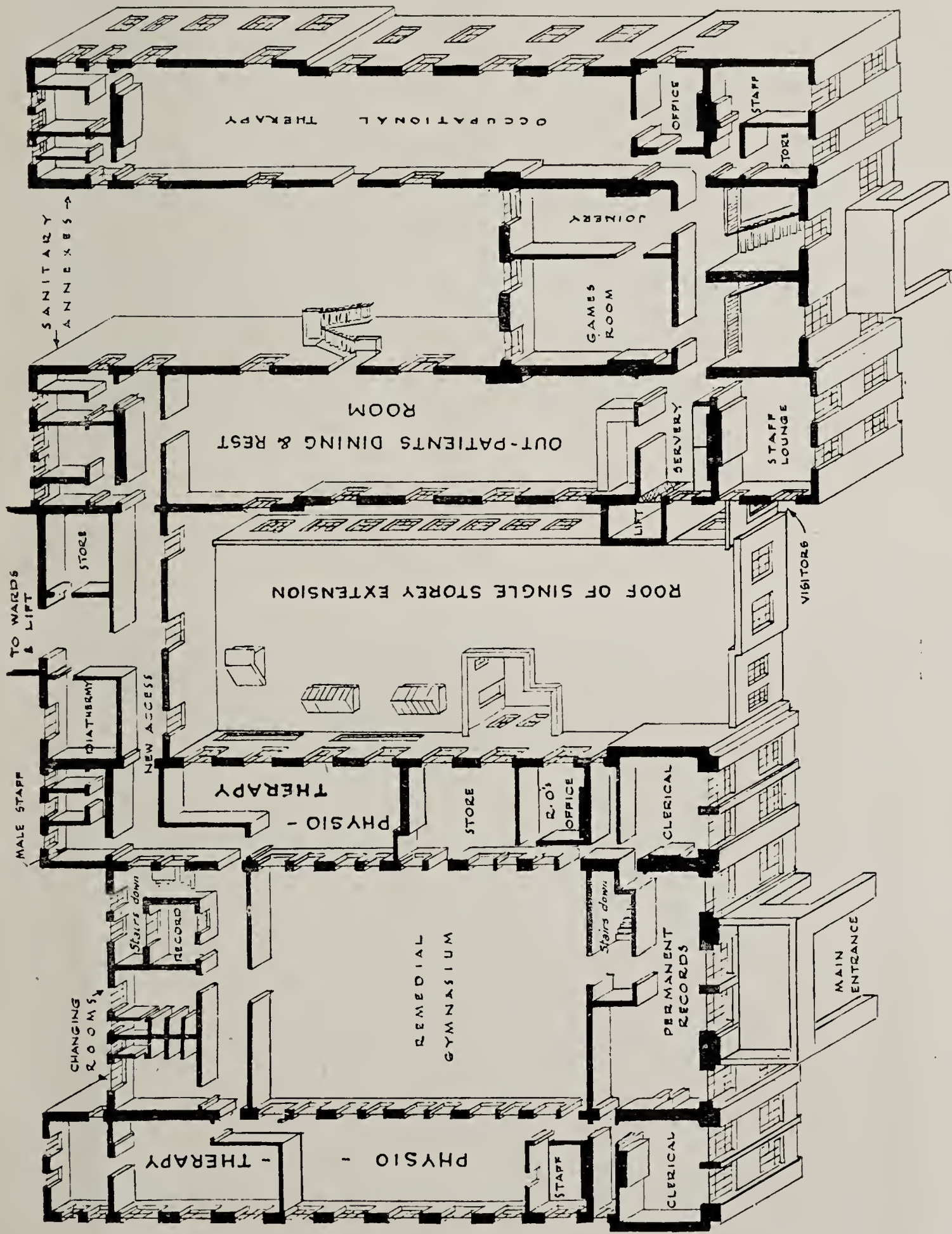
EXAMPLE :

With Income Tax at 9s. 0d. in the £ a subscription of £1 1s. 0d. per annum is worth £1 18s. 2d. to the Hospital, i.e., an additional 17s. 2d.

Will you help us to claim all the shillings we can?

Plan of Out-Patient Department—Upper Floor.

Block by courtesy of "The Practitioner."



Upper or First Floor view of what were two separate buildings, now remodelled to form a complete Rehabilitation Centre.



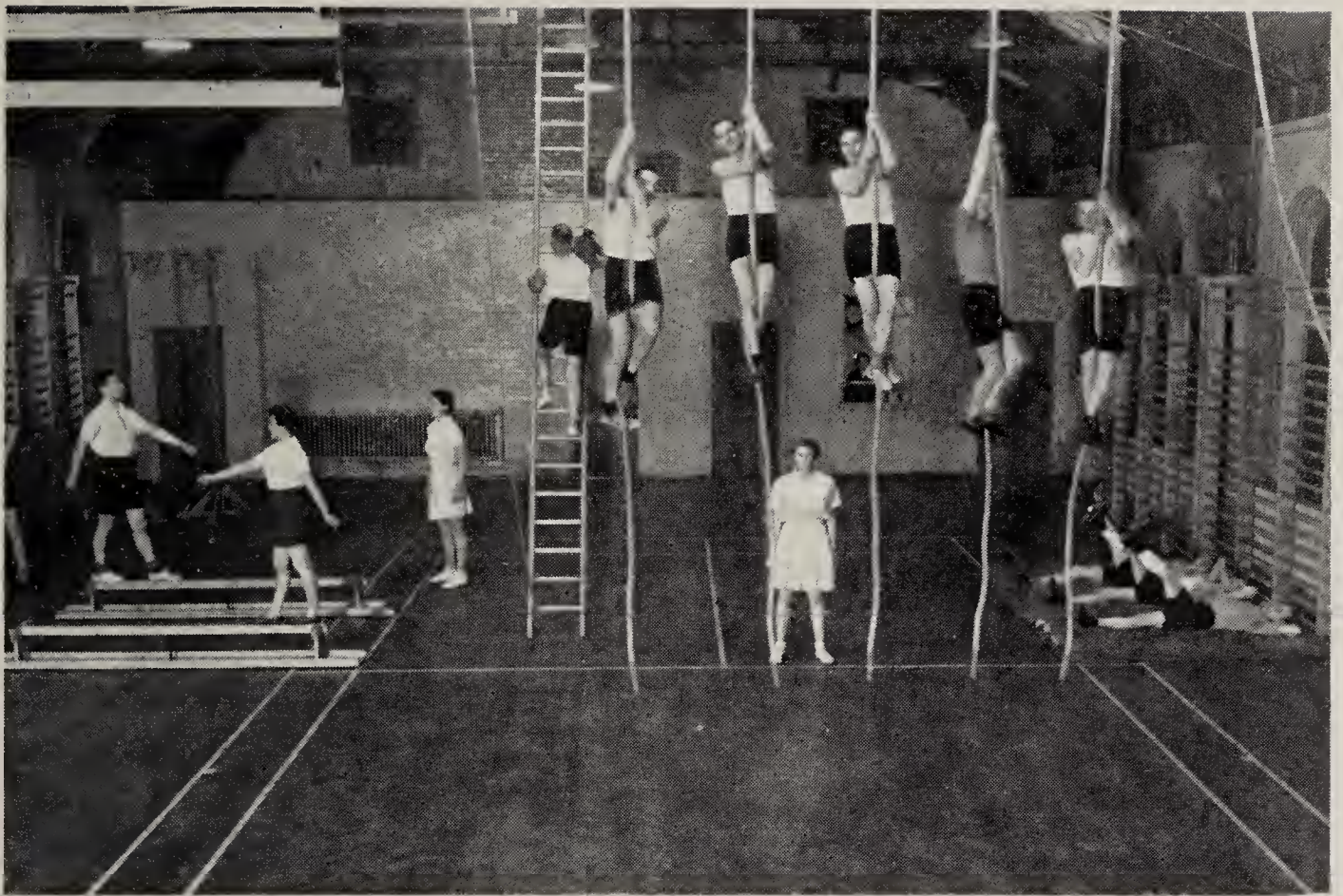
Stage 1.—A Ward Exercise Class.

Daily exercise classes in the ward are commenced while patients are still in bed, in order to maintain physical fitness even in the earliest stage of treatment.



Stage 2.—Occupational Therapy in Hospital.

Injured hands in the early stage of recovery regain their useful functions at interesting occupations, such as toy making and weaving; injured feet work the foot-driven fret saw; games are available in the break periods.

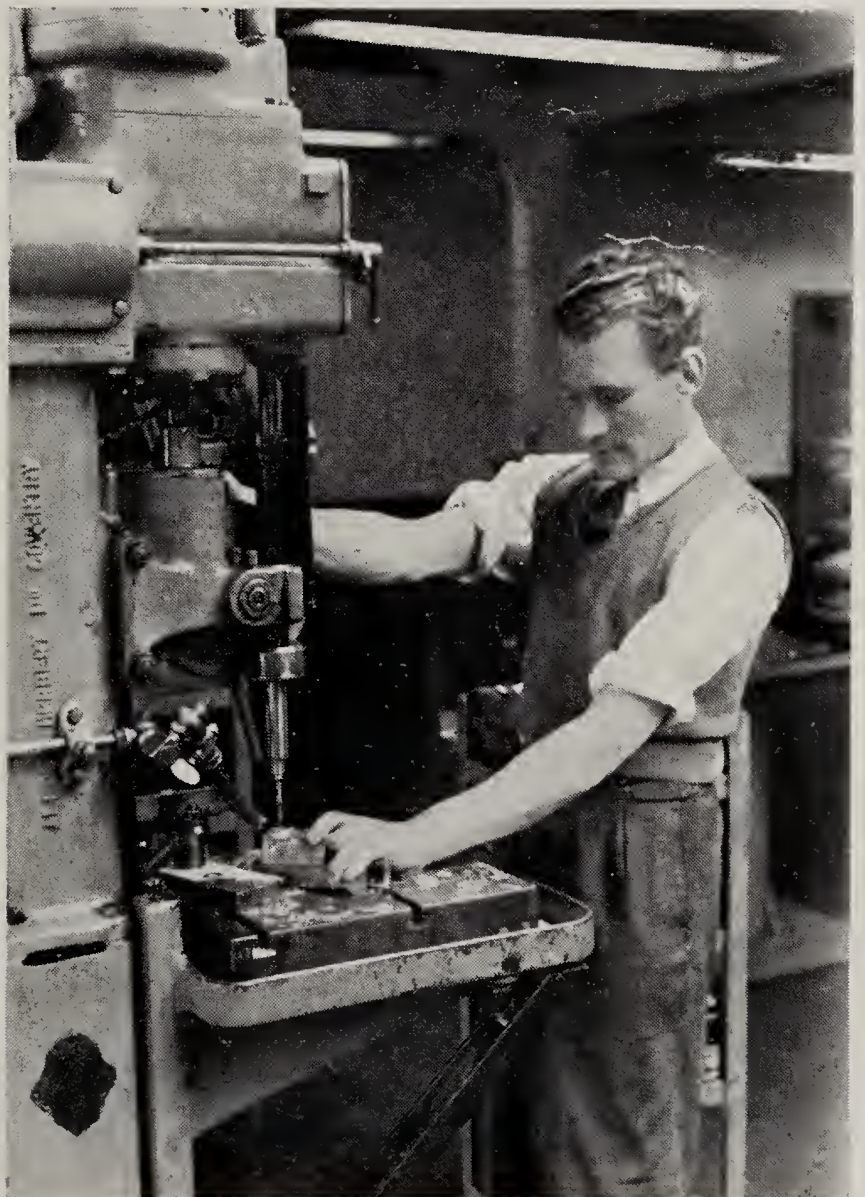


*Stage 3.
The Gymnasium.*

Here patients are seen toughening up broken hands, arms and shoulders by rope exercises and broken ankles and feet on ladders and narrow planks. Exercises to broken legs are being carried out while still in plaster.

*Stage 4.
Rehabilitation Workshop
at Austin's.*

As soon as recovery has reached the stage when a few hours productive work can be undertaken, the patient goes over to the Rehabilitation Workshop in industry; still under hospital guidance, but the patient can now be paid wages, and so . . . BACK TO WORK.



Stages in the Rehabilitation of the Injured.

**AGREEMENT TO CONTRIBUTE TO THE
BIRMINGHAM ACCIDENT HOSPITAL
AND REHABILITATION CENTRE**

I,
of

HEREBY COVENANT WITH THE BIRMINGHAM ACCIDENT
HOSPITAL AND REHABILITATION CENTRE that for a period
of seven years from the date hereof, or during my life, whichever
period shall be shorter, I will pay annually to the said Hospital
such a sum as will after the deduction of Income Tax leave in the
hands of the said Birmingham Accident Hospital a net sum of

£.....
such sum to be paid from my general fund of taxed income so that
I shall receive no personal or private benefit in either of the said
periods from the said sum or any part thereof, AND I DECLARE
THAT it is my desire that the said sum shall be used by the said
Birmingham Accident Hospital for the general worth of the
Hospital.

IN WITNESS whereof I have hereunto set my hand and seal
this day of 194

SIGNED, SEALED AND DELIVERED }
by the said..... }
..... }

in the presence of :

Signature

Address

.....

Occupation

BIRMINGHAM ACCIDENT HOSPITAL AND REHABILITATION CENTRE,
BATH ROW,

I enclose herewith ☐ Cash ☐ Cheque ☐ Postal Order for £.....

Name
(Messrs., Mr., Mrs., or Miss)

Address

PAPER RESTRICTION ORDERS

Under the Paper Restriction Orders Hospitals are prohibited from publishing lists of subscribers. Lists of donors to the funds of the Hospital have, however, been prepared, and these are available for inspection in the Secretary's Office during office hours.